

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|-------------------|
| FEE DETERMINATION | J. G. | | 3/2/99 3-10-99 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date | Claim | Date | Claim | Date |
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| 4 | ✓ | 4 | | 104 | |
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| 6 | ✓ | 6 | | 106 | |
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| 15 | N | 15 | | 115 | |
| 16 | N | 16 | | 116 | |
| 17 | ✓ ✓ - | 17 | | 117 | |
| 18 | ✓ | 18 | | 118 | |
| 19 | ✓ ✓ - | 19 | | 119 | |
| 20 | N | 20 | | 120 | |
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| 47 | N | 47 | | 147 | |
| 48 | ✓ N - | 48 | | 148 | |
| 49 | N | 49 | | 149 | |
| 50 | ✓ ✓ = | 50 | | 150 | |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here